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# **HIV Surveillance Summary**

## **Georgia, 2015**

**HIV/AIDS Epidemiology Section  
Epidemiology Program  
Division of Health Protection  
Georgia Department of Public Health**

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## Executive Summary

Human immunodeficiency virus (HIV) damages specific cells of the immune system called CD4 cells. Untreated, HIV eventually overwhelms the immune system, resulting in a chronic life-threatening condition called acquired immune deficiency syndrome (AIDS). In this report, the term HIV infection refers to HIV diagnoses regardless of stage of disease; that is, HIV infection includes HIV (not AIDS) and AIDS. Based on the CD4 count (cells/ml), HIV infection is defined as Stage 1 (CD4>500 cells/ml), Stage 2 (CD4 200-499 cells/ml) and Stage 3 (AIDS) (<200 cells/ml). There is no cure for HIV infection, but with antiretroviral therapy (ART), HIV infection can be controlled. Advances in HIV treatment with ART have led to improved quality of life and prolonged lifespan for people living with HIV. Further, achieving viral suppression with effective ART use reduces HIV transmission due to decreased levels of circulating virus.

HIV infection remains an important public health problem in the state of Georgia. In 2015, Georgia was ranked the fifth-highest in the nation for the total number of new diagnoses of HIV infection among adults and adolescents after Florida, California, Texas, and New York<sup>1</sup>. There were 2,741 new diagnoses of HIV infection during 2015 in Georgia. The majority of these new diagnoses were among males (80%). The highest percentage of new HIV diagnoses and Stage 3 (AIDS) diagnoses was seen among those aged 30 to 39

years of age, 22% and 26%, respectively. Among all races/ethnicities, Black/non-Hispanics accounted for the majority of diagnoses (72% of new HIV infections and 73% of Stage 3 (AIDS)). Eighty-three percent (1,849) of new HIV infections among Georgia males during 2015 were attributed to male to male sexual (MSM) contact. Among women, 90% (473) of new HIV diagnoses were attributed to heterosexual contact.

As of December 31, 2015, there were 54,754 persons living with diagnosed HIV infection in Georgia. Similar to the new diagnoses of HIV infection, the majority of prevalent cases are among Black/Non-Hispanic persons (67%) and males (75%). Seventy-eight percent (32,429) of prevalent HIV cases among males were attributed to MSM sexual contact and 82% (10,873) of cases among females were attributed to heterosexual contact.

Monitoring the HIV/AIDS epidemic and understanding the burden of HIV infection in Georgia are essential for meeting the goals stated in the 2020 National HIV/AIDS Strategy to: 1) reduce HIV infections; 2) increase access to care and optimize health outcomes for persons living with HIV; 3) reduce HIV-related health disparities, and; 4) achieve a more coordinated national response to the HIV epidemic<sup>2</sup>.

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<sup>1</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2015; vol.27. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>.

<sup>2</sup> The White House Office of National AIDS Policy, National HIV/AIDS Strategy for the United States: Updated to 2020, Washington, DC, July 2015

## Technical Notes

### HIV Surveillance

Georgia statutes and regulations (O.C.G.A. §31-12-2(b))<sup>3</sup> require healthcare providers (such as nurses, nurse practitioners, doctors, physician assistants) and laboratories licensed in the state of Georgia to report all cases of HIV infection and/or Stage 3 (AIDS) to the Georgia DPH within seven days of diagnosis. The information is used to monitor the HIV/AIDS epidemic in Georgia and guide program planning and evaluation. The data presented in the accompanying tables are based on confidential case reports collected through the Georgia DPH enhanced HIV/AIDS Reporting System (eHARS).

This report includes surveillance data through December 31, 2015 by diagnostic category for newly diagnosed HIV cases, persons living with, and cumulative cases of HIV infection and Stage 3 (AIDS). The data are displayed based on date of diagnosis and are not adjusted for reporting delays or incomplete reporting. Persons residing in correctional facilities are included in this report and may inflate rates in certain geographic regions where there are large numbers of HIV-positive inmates. Tables depicting “Persons living with HIV infection and Stage 3 (AIDS)” comprise persons with current residence in the state of Georgia based on current information available for them in the Georgia HIV/AIDS surveillance system regardless of where the persons were diagnosed. Persons represented in the “New Diagnoses” and “Cumulative” tables were

diagnosed in the state of Georgia. Due to the difference in residency criteria and the influx of cases to Georgia, the number of persons living with HIV infection in Georgia may be higher in some sub-categories than cumulative HIV infections. HIV infection includes persons with a diagnosis of HIV infection regardless of the stage of disease at diagnosis; i.e., both HIV (not AIDS) and AIDS.

Name-based AIDS reporting began nationally in the early 1980s, and name-based HIV reporting began in Georgia on December 31, 2003. Electronic lab reporting began in 2011. There are known delays in case reporting; we expect that the number of HIV diagnoses in 2015 will continue to increase as additional case reports are received. The Georgia electronic laboratory reporting (ELR) system makes it possible to use laboratory-based measures (e.g., CD4 count, viral load) to estimate the HIV Care Continuum for persons with a diagnosis of HIV infection in the state of Georgia (<https://dph.georgia.gov/hiv-care-continuum>).

### Transmission Categories

Persons with a diagnosis of HIV infection with no reported and/or identified exposure to HIV through any of the routes listed in the hierarchy of transmission categories by the Centers for Disease Control and Prevention are classified as either ‘no risk factor identified or no risk factor reported’ (NIR/NRR). In 2015, 29% of new HIV diagnoses in Georgia were reported with no or insufficient risk information to determine

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<sup>3</sup> Department of Public Health, Rules and regulations 290-5-48.11 (2003); Official Code of Georgia Annotated (O.C.G.A.) 31-22-9.2 (2011)

transmission category. Among newly diagnosed cases, improvements were seen in transmission ascertainment, therefore, the “other” category decreased (44% in 2014). Multiple imputation, a statistical approach, was used in this report to replace each missing transmission category with a set of plausible values that represent the uncertainty about the true, but missing, value. The methods were applied to HIV cases among the adult and adolescent population only and not to the pediatric (age less than 13 years) population of Georgia. To identify and reduce HIV-related disparities in prevention and care, it is necessary to have the best available estimate for the distribution of known transmission categories among the HIV-infected population of Georgia. Multiple imputation is considered by the Centers for Disease Control and Prevention to be the best method for redistribution of missing data in large databases.<sup>4</sup>

### **Ascertainment of Race/Ethnicity**

Ascertainment of race/ethnicity improved substantially in 2015. Cases that are missing information on race/ethnicity are not assigned a transmission category using multiple imputation (MI). As a result of improved race/ethnicity ascertainment (2% in 2015, compared to 14% in 2014), more cases were assigned a transmission category. Therefore, the percent of male cases attributed to male-to-male sexual contact (MSM) increased from 75% in 2014 to 83% in 2015. In addition, the percent of female cases attributed to heterosexual contact increased from 81% in 2014 to 90% in 2015.

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<sup>4</sup> Harrison KM, Kajese T, Hall HI, Song R. Risk factor redistribution of the national HIV/AIDS surveillance data: an alternative approach. *Public Health Rep* 2008;123:618–27.

When examining trends by transmission category, it is important to take these factors into consideration.

### **Categorization of Cases by Public Health District**

HIV cases missing county of residence are geocoded based on their address using the Arc GIS Desktop Version 10.3 Software. This process was implemented in 2014, resulting in reduced numbers of cases in the unknown Public Health District category.

### **Gender Categories**

Persons diagnosed with HIV for whom the current identity box “transgender” was checked are classified as transgender. Because providers often do not complete all case report form fields, the numbers reported here are most likely an underestimate. Also, because the current identity fields were added to the case report form in 2007, cumulative and prevalent counts of HIV among transgender persons are incomplete.

### **Definition of Measures**

**NEW DIAGNOSES** of HIV infection (Stage 1-3) and/or Stage 3 (AIDS) are cases who were diagnosed between January 01, 2015 and December 31, 2015 in Georgia and reported to the Georgia DPH. Cases with a diagnosis of Stage 3 include two groups: 1) persons newly diagnosed with HIV and found to be Stage 3 (CD4 <200 cells/ml) at diagnosis; and, 2) persons previously diagnosed with HIV who were found to meet the Stage 3 definition in 2015.

**PERSONS LIVING WITH** a diagnosis of HIV infection (Stage 1-3) and /or Stage 3 (AIDS) are cases who were diagnosed, alive as of December 31, 2015 and currently living in Georgia. Persons living with a diagnosis of Stage 3 (AIDS) are persons who were alive as of December 31, 2015, were ever diagnosed with Stage 3 (AIDS) and currently living in Georgia.

**CUMULATIVE DIAGNOSES** of HIV infection (Stage 1-3) and Stage 3 (AIDS) are cases who were reported to the Georgia DPH, diagnosed as of December 31, 2015 and were diagnosed in Georgia and include persons living and deceased.

**TRANSMISSION CATEGORIES** presented in this report follow the standards created by the Centers for Disease Control and Prevention (CDC)<sup>5</sup> and have been used for many years. According to the CDC, *transmission category* is the term for the classification of cases that summarizes a person's possible HIV risk factors. The summary classification results from selecting the one most likely risk factor to have been responsible for HIV transmission from the presumed hierarchical order of probability. For surveillance purposes, HIV and AIDS cases are counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV infection are classified in the transmission category according to the behavior that is most likely to have resulted in transmission. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category. Persons whose transmission category is classified as *heterosexual contact* are persons who report heterosexual contact

specifically with a person known to have or be at high risk for HIV infection (e.g., an injection drug user/IDU). The term *high risk* is not included in the transmission category label for *heterosexual contact* in the tables because heterosexual contact itself is the risk factor most likely to have been responsible for transmission. However, the Table 3 footnote regarding this category clarifies how the data are defined: "heterosexual contact with a person known to have, or to be at high risk for, HIV infection". Cases among persons with no reported exposure to HIV through any of the routes listed in the hierarchy of transmission categories are classified as either no risk factor identified or reported (NIR/NRR)<sup>1</sup>

**CURRENT RESIDENCE** is used to determine the number of persons living with HIV infection in Georgia. Current address is determined using the date of the most recently-entered residential address into the Georgia eHARS.

**VITAL STATUS:** Persons are assumed to be alive unless otherwise documented or reported. The Georgia DPH performs an annual match of the eHARS database with the Georgia Vital Records death data, the National Death Index and the Social Security Death Index to ascertain vital status and identify any cases deceased from an HIV-related cause not otherwise reported.

**RATES:** Denominators for population rates are based on the 2015 estimates of the resident population retrieved from the Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). Rates are per 100,000 population. Rates based on estimated case numbers less than 12 should be interpreted with

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<sup>5</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2015; vol. 27.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>.

caution because these rates have relative standard errors greater than 30% and are considered unreliable.

**REPORTING PERIOD:** Case numbers are based on data entered through December 2016 and are not adjusted for reporting delays.

**PERCENTAGES:** Total percentages may not add up to 100% due to rounding.

## Data Limitations

Complete and timely reporting of HIV infections to the Georgia DPH is critical for monitoring the HIV epidemic. Delays and incomplete reporting lead to underestimation of the impact of HIV in Georgia. Data in this report are not adjusted for reporting delays. Although multiple imputation methods were used to assign a known risk category to cases with missing information, a proportion of cases remain without any identified and /or reported risk factor. In addition, populations for which data are missing (e.g. birth sex, race, transmission category, geographic location) may be fundamentally different. All registered laboratories are also mandated by state law to report laboratory results on any HIV-related laboratory test to the Georgia DPH. However, some facilities may not comply or send only some test results and not others. Missing laboratory data may limit accurate estimation of unmet need for the state of Georgia and the Atlanta Eligible Metropolitan Area (EMA).

## Highlights of Analyses

### Table 1: Population

#### Distribution of the general population by race/ethnicity, Georgia, 2015

- There were an estimated 10.2 million persons living in Georgia during 2015
- Of these individuals, the majority were White, Non-Hispanic (54%)
- The largest minority group in the state was Black, Non-Hispanic (31%)
- Individuals who were Hispanic/Latino comprised 9% of the state's population.

The smallest racial/ethnic groups in the state were Asian, Non-Hispanic (4%); American Indian/Alaskan Native, Non-Hispanic (<1%); Native Hawaiian/Pacific Islander, Non-Hispanic (<1%); and Multiracial/Other, Non-Hispanic (2%).

### Tables 2 to 4: New Diagnoses of HIV Infection and Stage 3 (AIDS)

#### New Diagnoses of HIV infection, Georgia, January 01, 2015 to December 31, 2015

- There were 2,741 persons with a new diagnosis of HIV infection in Georgia during 2015.

#### Gender, Age and Race/Ethnicity

- The majority of new HIV diagnoses were among males (81%).
- Persons aged 30-39 years at the time of diagnosis represented the largest age group (24%) for new diagnoses of HIV infection in Georgia during 2015.
- There were racial/ethnic disparities among persons with new diagnoses of HIV infection in Georgia in 2015.

- Black/Non-Hispanics accounted for 72% of new HIV infection diagnoses and comprised 31% of Georgia's population.
- White/Non-Hispanics accounted for 16% of new HIV infection diagnoses and comprised 54% of Georgia's population.
- Hispanics/Latinos of all races accounted for 6% of new diagnoses of HIV infection and comprised 9% of Georgia's population.

#### **Transmission**

- The number of cases and proportions stratified by transmission category are shown both unadjusted and adjusted after multiple imputation.
- Using multiple imputation, 83% of HIV infections diagnosed among males in Georgia during 2015 were attributed to MSM sexual contact.
- Among women, 90% of HIV infections diagnosed in 2015 were attributed to heterosexual contact.

#### **Public Health District**

- The overall state rate for new diagnoses of HIV infection in 2015 was 27 cases per 100,000 population. In 2015, several Public Health Districts had newly diagnosed HIV infection rates that exceeded the overall state rate: Fulton (71 per 100,000), DeKalb (62 per 100,000) and Clayton (57 per 100,000).

### **New Diagnoses of Stage 3 (AIDS), Georgia, January 01, 2015 to December 31, 2015**

- There were 1,296 persons with new diagnoses of Stage 3 (AIDS) in Georgia during 2015.

#### **Gender, Age and Race/Ethnicity**

- The majority of new diagnoses with Stage 3 (AIDS) were among males (74%).

- Persons aged 30-39 years at the time of diagnosis represented the largest age group (26%) for new diagnoses of Stage 3 (AIDS) in Georgia during 2015.
- There were racial/ethnic disparities among persons with new diagnoses of Stage 3 (AIDS) in Georgia during 2015.
  - Black/Non-Hispanics accounted for 73% of new Stage 3 (AIDS) diagnoses and comprised 31% of Georgia's population.
  - White/Non-Hispanics accounted for 14% of new Stage 3 (AIDS) diagnoses and comprised 54% of Georgia's population.
  - Hispanics/Latinos of all races accounted for 7% of new diagnoses of Stage 3 (AIDS) and comprised 9% of Georgia's population.

#### **Transmission**

- Among males, 83% of new Stage 3 (AIDS) diagnoses were attributed to MSM sexual contact.
- Among females, 89% of new Stage 3 (AIDS) diagnoses were attributed to heterosexual contact.

#### **Public Health District**

- The overall state rate for new diagnoses of Stage 3 (AIDS) in 2015 was 13 cases per 100,000 population. In 2015, several Public Health Districts had newly diagnosed Stage 3 (AIDS) rates that exceeded the overall state rate: Fulton (33 per 100,000), DeKalb (28 per 100,000) and Clayton (24 per 100,000).

## Tables 5 to 7: Persons Living with HIV Infection and Stage 3 (AIDS)

### Persons Living with Diagnosed HIV Infection, Georgia, through December 31, 2015

- There were 54,754 persons living with diagnosed HIV infection in Georgia through December 31, 2015.  
**Gender, Age and Race/Ethnicity**
- The majority of persons living with diagnosed HIV infection were male (75%).
- The largest age category for persons living with diagnosed HIV in Georgia was 50-59 years (27%).
- There were racial/ethnic disparities among persons living with diagnosed HIV infection in Georgia during 2015.
  - Black/Non-Hispanics accounted for 67% of persons living with diagnosed HIV infection and comprised 31% of Georgia's population.
  - White/Non-Hispanics accounted for 19% of persons living with diagnosed HIV infection and comprised 54% of Georgia's population.
  - Hispanic/Latinos of all races accounted for 6% of persons living with diagnosed HIV infection and comprised 9% of Georgia's population.

#### Transmission

- Among males living with diagnosed HIV infection in Georgia, 78% of cases were attributed to MSM sexual contact.
- Among females living with diagnosed HIV infection in Georgia, 82% of cases were attributed to the heterosexual contact.

#### Public Health District

- The overall state prevalence rate for diagnosed HIV infection in 2015 was 536 cases per 100,000

population. Three Public Health Districts had HIV prevalence rates that exceeded the overall state rate in 2015: Fulton (1597 per 100,000), DeKalb (1249 per 100,000) and Clayton (851 per 100,000).

### Persons Living with Stage 3 (AIDS), Georgia, as of December 31, 2015

- There were 28,998 persons living with Stage 3 (AIDS) in Georgia during 2015.  
**Gender, Age and Race/Ethnicity**
- The majority of persons living with Stage 3 (AIDS) were male (76%).
- The largest age category of persons living with Stage 3 (AIDS) in Georgia was 50-59 years (33%).
- There were racial/ethnic disparities among persons living with Stage 3 (AIDS) in Georgia during 2015
  - Black/Non-Hispanics accounted for 68% of persons living with Stage 3 (AIDS) and comprised 31% of Georgia's population.
  - White/Non-Hispanics accounted for 19% of persons living with Stage 3 (AIDS) and comprised 54% of Georgia's population.
  - Hispanic/Latinos of all races accounted for 6% of persons living with Stage 3 (AIDS) and comprised 9% of Georgia's population.

#### Transmission

- Among males living with Stage 3 (AIDS), 76% of cases were attributed to MSM sexual contact.
- Among females living with Stage 3 (AIDS), 81% of cases were attributed to heterosexual contact.

#### Public Health District

- The overall state prevalence rate for Stage 3 (AIDS) in 2015 was 284 cases per 100,000 population. Three Public Health Districts had AIDS prevalence rates that exceeded the overall state rate in 2015:

Fulton (855 per 100,000), DeKalb (666 per 100,000) and Clayton (433 per 100,000).

## **Table 8 to 10: Cumulative Diagnoses of HIV Infection and Stage 3 (AIDS)**

### **Cumulative diagnoses of HIV infection, Georgia, as of December 31, 2015**

- There were 73,688 cumulative diagnoses of HIV infection in Georgia as of December 31, 2015.

#### **Gender, Age and Race/Ethnicity**

- The majority (77%) of cumulative HIV cases were male.
- The largest age category at diagnosis for cumulative cases of HIV infection in Georgia was 30-39 years (33%).
- There were racial/ethnic disparities among cumulative HIV infections in Georgia during 2015.
  - Black/Non-Hispanics accounted for 66% of cumulative HIV infections
  - White/Non-Hispanics accounted for 23% of cumulative HIV infections
  - Hispanic/Latinos of all races accounted for 4% of cumulative HIV infections

#### **Transmission**

- Among male adults/adolescents, 73% of cumulative cases were attributed to MSM sexual contact.
- Among female adults/adolescents, 80% of cases were attributed to the heterosexual contact.

#### **Public Health District**

- The highest cumulative numbers of HIV infection diagnoses in Georgia were in the Fulton (23,393) and DeKalb (12,319) Public Health Districts.

### **Cumulative diagnoses of Stage 3 (AIDS), Georgia, as of December 31, 2015**

- There were 45,609 cumulative diagnoses of stage 3 (AIDS) in Georgia as of December 31, 2015.

#### **Gender, Age and Race/Ethnicity**

- The majority of cumulative Stage 3 (AIDS) cases were male (78%)
- The largest age category at diagnosis for cumulative cases of Stage 3 (AIDS) in Georgia was 30-39 years (38%).
- There were racial/ethnic disparities among cumulative Stage 3 (AIDS) cases in Georgia during 2015.
  - Black/Non-Hispanics accounted for 66% of cumulative Stage 3 (AIDS) cases
  - White/Non-Hispanics accounted for 25% of cumulative Stage 3 (AIDS) cases
  - Hispanic/Latinos of all races accounted for 4% of Stage 3 (AIDS) cases

#### **Transmission**

- Among male adult/adolescents, 69% of cumulative stage 3 (AIDS) cases were attributed to MSM sexual contact.
- Among female adults/adolescents, 76% of cumulative Stage 3 (AIDS) cases were attributed to heterosexual contact.

#### **Public Health District**

- The highest cumulative numbers of Stage 3 (AIDS) diagnoses in Georgia were in the Fulton (16,438) and DeKalb (7,382) Public Health Districts.

**Table 1: Distribution of the General Population by Race/Ethnicity, Georgia, 2015**

<b>Race/Ethnicity</b>	<b>Number<sup>1</sup> (%)</b>
White, Non-Hispanic	5,501,469 (54)
Black, Non-Hispanic	3,151,631 (31)
Hispanic/Latino, Any Race	955,434 (9)
Asian, Non-Hispanic	400,569 (4)
American Indian /Alaskan Native, Non-Hispanic	23,502 (<1)
Native Hawaiian/Pacific Islander, Non-Hispanic	6,518 (<1)
Multiracial/Other, Non-Hispanic	175,737 (2)
<b>Total</b>	<b>10,214,860</b>

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<sup>1</sup> Population estimates are based on data obtained from Georgia Department of Public Health, Office of Health Indicators for Planning(OHIP)

**Table 2: Diagnoses of HIV infection and Stage 3 (AIDS) by gender, age and race/ethnicity, Georgia, January 01, 2015 to December 31, 2015**

	HIV infection <sup>1</sup>		Stage 3 (AIDS) <sup>2</sup>	
<b>Gender</b>	<b>Count</b>	<b>Percent<sup>3</sup></b>	<b>Count</b>	<b>Percent<sup>3</sup></b>
Male	2,208	81%	965	74%
Female	525	19%	325	25%
Transgender	6	<1%	5	<1%
Unknown	3	<1%	1	<1%
<b>Age Group at Diagnosis (years)</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
<13	6	<1	3	<1
13-19	138	5%	27	2%
20-24	515	18%	125	9%
25-29	576	21%	201	15%
30-39	625	22%	339	26%
40-49	452	16%	292	22%
50-59	324	11%	236	18%
60+	105	3%	73	5%
<b>Race/Ethnicity</b>	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Black/Non-Hispanic	1,980	72%	953	73%
White/Non-Hispanic	440	16%	194	14%
Hispanic/Latino, Any Race	183	6%	99	7%
American Indian/Alaska Native	--	--	1	<1
Asian/Native Hawaiian/Pacific Islander	23	<1	3	<1
Multiple races	52	1%	28	2%
Unknown	63	2%	18	1%
<b>Total</b>	<b>2,741</b>		<b>1,296</b>	

<sup>1</sup> HIV stage 1-3

<sup>2</sup> This group includes newly diagnosed persons with Stage 3 HIV (AIDS) at initial diagnosis and previously diagnosed persons who first met the Stage 3 definition in 2015.

<sup>3</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

**Table 3: Diagnoses<sup>1</sup> of HIV Infection and Stage 3 (AIDS) by sex<sup>2</sup> and transmission category, Georgia, January 01, 2015 to December 31, 2015**

	HIV infection <sup>3</sup>				Stage 3 (AIDS) <sup>4</sup>			
	Unadjusted Estimates		Adjusted <sup>5</sup> Estimates		Unadjusted Estimates		Adjusted <sup>5</sup> Estimates	
<b>Male adult or adolescent</b>	Count	Percent <sup>6</sup>	Count	Percent <sup>6</sup>	Count	Percent <sup>6</sup>	Count	Percent <sup>6</sup>
MSM <sup>7</sup>	1,432	64%	1,849	83%	600	62%	787	81%
IDU <sup>8</sup>	23	1%	46	2%	21	2%	36	3%
MSM & IDU <sup>9</sup>	24	1%	37	1%	14	1%	24	2%
Heterosexual <sup>10</sup>	176	7%	226	10%	68	7%	104	10%
Other <sup>11</sup>	554	25%	52	2%	264	27%	16	1%
<b>Subtotal</b>	<b>2,209</b>		<b>2,210</b>		<b>967</b>		<b>967</b>	
<b>Female adult or adolescent</b>								
IDU <sup>8</sup>	17	3%	40	7%	14	4%	28	8%
Heterosexual <sup>10</sup>	265	50%	473	90%	164	50%	290	89%
Other <sup>11</sup>	241	46%	10	1%	147	45%	7	2%
<b>Subtotal</b>	<b>523</b>		<b>523</b>		<b>325</b>		<b>325</b>	
<b>Child (&lt;13 years at diagnosis)</b>								
Perinatal <sup>12</sup>	5	83%			2	66%		
Other <sup>13</sup>	1	16%			1	33%		
<b>Subtotal</b>	<b>6</b>				<b>3</b>			
<b>Total</b>	<b>2,738</b>				<b>1,295</b>			

<sup>1</sup> New diagnoses with no information on birth sex were excluded from this table.

<sup>2</sup> Male and female categories are based on sex at birth

<sup>3</sup> HIV stage 1-3

<sup>4</sup> Includes newly diagnosed persons with Stage 3 HIV (AIDS) at initial diagnosis and previously diagnosed persons who first met the Stage 3 definition in 2015.

<sup>5</sup> Adjusted for missing risk using multiple imputation methods. Adjusted subtotals may be different from unadjusted subtotals due to rounding.

<sup>6</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

<sup>7</sup> MSM: Male-to-male sexual contact

<sup>8</sup> IDU: Injection drug use

<sup>9</sup> MSM & IDU: Male-to-male sexual contact and injection drug use

<sup>10</sup> Heterosexual: Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and or person with AIDS or documented HIV.

<sup>11</sup> Other (Adult): Includes hemophilia, blood transfusion, perinatal exposure (first diagnosed at age 13 years or older), and risk factor not reported (the latter account for great majority).

<sup>12</sup> Perinatal: Cases born to HIV-infected mother (includes cases that were not born in 2015 but first diagnosed under the age of 13 years to HIV-infected mother).

<sup>13</sup> Other (Perinatal): Includes hemophilia, blood transfusion, and risk factor not reported (the latter account for great majority).

**Table 4: Diagnoses of HIV infection and Stage 3 (AIDS) by Public Health District of residence at diagnosis, Georgia, January 01, 2015 to December 31, 2015**

Public Health Districts	HIV infection		Stage 3 (AIDS) <sup>1</sup>	
	Count	Rate <sup>2</sup>	Count	Rate <sup>2</sup>
1-1 Northwest (Rome)	44	7	14	2
1-2 North Georgia (Dalton)	33	7	16	3
2 North (Gainesville)	38	6	17	3
3-1 Cobb-Douglas	188	21	80	9
3-2 Fulton	732	72	335	33
3-3 Clayton (Jonesboro)	159	58	67	24
3-4 East Metro (Lawrenceville)	166	15	89	8
3-5 DeKalb	460	63	209	28
4 LaGrange	140	17	51	6
5-1 South Central (Dublin)	13	9	12	8
5-2 North Central (Macon)	126	24	69	13
6 East Central (Augusta)	95	20	49	10
7 West Central (Columbus)	93	25	47	12
8-1 South (Valdosta)	68	27	31	12
8-2 Southwest (Albany)	76	22	41	12
9-1 Coastal (Savannah)	109	18	56	9
9-2 Southeast (Waycross)	53	15	18	5
10 Northeast (Athens)	53	11	31	6
Unknown Health District	95	--	53	--
<b>Total</b>	<b>2,741</b>	<b>27</b>	<b>1,285</b>	<b>13</b>

<sup>1</sup> AIDS counts were ascertained using county from laboratory documents.

<sup>2</sup> Crude rates are per 100,000 population and are not adjusted for significant factors such as age, sex, and race/ethnicity which might influence the rate. Population denominators used to calculate the rates were retrieved from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

**Table 5: Persons living with diagnosed HIV infection and Stage 3 (AIDS) by sex, age and race/ethnicity, Georgia through December 31, 2015**

Gender	HIV infection <sup>1</sup>		Stage 3 (AIDS)	
	Count	Percent <sup>2</sup>	Count	Percent <sup>2</sup>
Male	41,266	75%	21,980	76%
Female	13,198	24%	6,846	23%
Transgender	192	<1%	114	<1%
Unknown	98	<1%	58	<1
<b>Current Age Group (years)</b>				
<13	135	<1	17	<1
13-19	349	<1	74	<1
20-24	2,106	3%	501	1%
25-29	4,946	9%	1,446	4%
30-39	11,352	20%	4,914	16%
40-49	14,691	26%	8,421	29%
50-59	15,008	27%	9,608	33%
60+	6,152	11%	4,015	13%
Missing	15	<1	2	<1
<b>Race/Ethnicity</b>				
Black/Non-Hispanic	36,944	67%	19,767	68%
White/Non-Hispanic	10,720	19%	5,678	19%
Hispanic/Latino, Any Race	3,322	6%	1,836	6%
American Indian/Alaska Native	30	<1	10	<1
Asian/Native Hawaiian/Pacific Islander	245	<1	100	<1
Multiple races	1,940	3%	1,182	4%
Unknown	1,553	2%	425	1%
<b>Total</b>	<b>54,754</b>		<b>28,998</b>	

<sup>1</sup> HIV stages 1-3

<sup>2</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

**Table 6: Persons living<sup>1</sup> with diagnosed HIV Infection and Stage 3 (AIDS) by sex<sup>2</sup> and transmission category, Georgia, through December 31, 2015**

	HIV infection <sup>3</sup>				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted <sup>4</sup> Estimates		Unadjusted Estimates		Adjusted <sup>4</sup> Estimates	
	Count	Percent <sup>5</sup>	Count	Percent <sup>5</sup>	Count	Percent <sup>4</sup>	Count	Percent <sup>5</sup>
<b>Male adult or adolescent</b>								
MSM <sup>6</sup>	24,860	60%	32,429	78%	13,294	60%	16,707	76%
IDU <sup>7</sup>	1,479	3%	2,149	5%	1,101	5%	1,487	6%
MSM & IDU <sup>8</sup>	1,832	4%	2,326	5%	1,231	5%	1,488	6%
Heterosexual <sup>9</sup>	2,046	4%	3,014	7%	1,292	5%	1,854	8%
Other <sup>10</sup>	11,133	26%	1,431	3%	5,013	22%	395	1%
<b>Subtotal</b>	<b>41,350</b>		<b>41,349</b>		<b>21,931</b>		<b>21,931</b>	
<b>Female adult or adolescent</b>								
IDU <sup>7</sup>	1,033	7%	1,731	13%	685	10%	1,041	15%
Heterosexual <sup>9</sup>	6,075	46%	10,873	82%	3,451	50%	5,589	81%
Other <sup>10</sup>	6,048	45%	552	4%	2,691	39%	197	2%
<b>Subtotal</b>	<b>13,156</b>		<b>13,156</b>		<b>6,827</b>		<b>6,827</b>	
<b>Child (&lt;13 years at end of year)</b>								
Perinatal <sup>11</sup>	95	70%			12	70%		
Other <sup>12</sup>	40	29%			5	29%		
<b>Subtotal</b>	<b>135</b>				<b>17</b>			
<b>Total</b>	<b>54,641</b>				<b>28,775</b>			

<sup>1</sup> Persons living with HIV infection and Stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table.

<sup>2</sup> Male and female categories are based on sex at birth

<sup>3</sup> HIV stages 1-3

<sup>4</sup> Adjusted for missing risk using multiple imputation methods. Adjusted subtotals may be different from unadjusted subtotals due to rounding.

<sup>5</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

<sup>6</sup> MSM: Male-to-male sexual contact

<sup>7</sup> IDU: Injection drug use

<sup>8</sup> MSM & IDU: Male-to-male sexual contact and injection drug use

<sup>9</sup> Heterosexual: Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and or person with AIDS or documented HIV.

<sup>10</sup> Other (Adult): Includes hemophilia, blood transfusion, perinatal exposure (first diagnosed at age 13 years or older), and risk factor not reported (the latter account for great majority).

<sup>11</sup> Perinatal: Cases born to HIV-infected mother (including cases that were not born in 2015 but first diagnosed under the age of 13 years to HIV-infected mother).

<sup>12</sup> Other (Perinatal): Includes hemophilia, blood transfusion, and risk factor not reported (the latter account for great majority).

**Table 7: Persons living with diagnosed HIV infection and Stage 3 (AIDS) by Public Health District of current residence, Georgia, through December 31, 2015**

Public Health Districts	HIV infection		Stage 3 (AIDS)	
	Count	Rate <sup>1</sup>	Count	Rate <sup>1</sup>
1-1 Northwest (Rome)	985	151	540	83
1-2 North Georgia (Dalton)	620	134	329	71
2 North (Gainesville)	707	105	387	57
3-1 Cobb-Douglas	3,643	413	1,873	212
3-2 Fulton	16,134	1597	8,637	855
3-3 Clayton (Jonesboro)	2,330	851	1,187	433
3-4 East Metro (Lawrenceville)	3,648	335	1,902	174
3-5 DeKalb	9,179	1249	4,894	666
4 LaGrange	1,849	222	995	119
5-1 South Central (Dublin)	604	401	322	214
5-2 North Central (Macon)	2,059	392	1,110	211
6 East Central (Augusta)	2,148	448	1,143	238
7 West Central (Columbus)	1,654	439	817	217
8-1 South (Valdosta)	1,070	420	572	225
8-2 Southwest (Albany)	1,668	475	917	261
9-1 Coastal (Savannah)	2,569	422	1,394	229
9-2 Southeast (Waycross)	1,186	325	607	166
10 Northeast (Athens)	893	184	499	103
Unknown Health District	1,808	--	873	--
<b>Total</b>	<b>54,754</b>	<b>536</b>	<b>28,998</b>	<b>284</b>

<sup>1</sup> Crude rates are per 100,000 population and are not adjusted for significant factors such as age, sex, and race/ethnicity which might influence the rate. Population denominators used to calculate the rates were retrieved from Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

**Table 8: Cumulative<sup>1</sup> diagnoses of HIV Infection and Stage 3 (AIDS), by sex, age and race/ethnicity, Georgia, as of December 31, 2015**

Gender	HIV Infection		Stage 3 (AIDS)	
	Count	Percent <sup>2</sup>	Count	Percent <sup>2</sup>
Male	56,530	77%	35,655	78%
Female	16,902	23%	9,833	22%
Transgender	174	<1	100	<1%
Unknown	82	<1%	21	<1%
Age Group at Diagnosis (years)				
<13	620	<1	243	<1
13-19	2,496	3%	497	1%
20-24	8,915	12%	2,637	5%
25-29	11,920	16%	6,176	13%
30-39	24,836	33%	17,639	38%
40-49	16,254	22%	12,323	27%
50-59	6,567	8%	4,626	10%
60+	2,068	2%	1,467	3%
Missing	12	<1	1	<1
Race/Ethnicity				
Black/Non-Hispanic	49,338	66%	30,374	66%
White/Non-Hispanic	17,289	23%	11,787	25%
Hispanic/Latino, Any Race	3,378	4%	1,895	4%
American Indian/Alaska Native	31	<1	15	<1
Asian/Native Hawaiian/Pacific Islander	253	<1	124	<1
Multiple races	2,028	2%	1,192	2%
Unknown	1,371	1%	222	<1
<b>Total</b>	<b>73,688</b>		<b>45,609</b>	

<sup>1</sup> Represents all cases ever diagnosed in Georgia and alive as of December 2015.

<sup>2</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

**Table 9: Cumulative<sup>1</sup> diagnoses of HIV Infection and Stage 3 (AIDS) of HIV infection by sex<sup>2</sup> and transmission category, Georgia, as of December 31, 2015**

	HIV infection				Stage 3 (AIDS)			
	Unadjusted Estimates		Adjusted <sup>3</sup> Estimates		Unadjusted Estimates		Adjusted <sup>3</sup> Estimates	
Male adult or adolescent	Count	Percent <sup>4</sup>	Count	Percent	Count	Percent	Count	Percent
MSM <sup>5</sup>	32,012	56%	41,514	73%	20,297	56%	24,895	69%
IDU <sup>6</sup>	4,223	7%	5,423	9%	3,677	10%	4,482	12%
MSM & IDU <sup>7</sup>	2,860	5%	3,536	6%	2,219	6%	2,612	7%
Heterosexual <sup>8</sup>	3,121	5%	4,642	8%	2,289	6%	3,220	9%
Other <sup>9</sup>	14,142	25%	1,243	2%	7,138	20%	411	1%
<b>Subtotal</b>	<b>56,358</b>		<b>56,358</b>		<b>35,620</b>		<b>35,620</b>	
<b>Female adult or adolescent</b>								
IDU <sup>6</sup>	1,935	11%	2,957	17%	1,520	15%	2,113	21%
Heterosexual <sup>8</sup>	7,320	44%	13,304	80%	4,674	48%	7,465	76%
Other <sup>9</sup>	7,362	44%	356	2%	3,530	36%	146	1%
<b>Subtotal</b>	<b>16,617</b>		<b>16,617</b>		<b>9,724</b>		<b>9,724</b>	
<b>Child (&lt;13 years at diagnosis)</b>								
Perinatal <sup>10</sup>	472	76%			226	93%		
Other <sup>11</sup>	148	23%			17	6%		
<b>Subtotal</b>	<b>620</b>				<b>243</b>			
<b>Total</b>	<b>73,595</b>				<b>45,587</b>			

<sup>1</sup> Cumulative numbers of HIV infection and Stage 3 (AIDS) with no information on birth sex and date of birth were excluded from the table.

<sup>2</sup> Male and female categories are based on sex at birth

<sup>3</sup> Adjusted for missing risk using multiple imputation methods.

<sup>4</sup> Total percentages may not add up to 100% due to rounding and represent the percentage of the subtotal.

<sup>5</sup> MSM: Male-to-male sexual contact

<sup>6</sup> IDU: Injection drug use

<sup>7</sup> MSM & IDU: Male-to-male sexual contact and injection drug use

<sup>8</sup> Heterosexual: Defined as sexual contact with someone of the opposite sex with known risk such as injection drug use, bisexual male (applies to females only), person with hemophilia/coagulation disorder, transfusion recipient with HIV documentation, and or person with AIDS or documented HIV.

<sup>9</sup> Other (Adult): Includes hemophilia, blood transfusion, perinatal exposure (first diagnosed at age 13 years or older), and risk factor not reported (the latter account for great majority).

<sup>10</sup> Perinatal: Cases born to HIV-infected mother (includes cases that were not born in 2015 but first diagnosed under the age of 13 years to HIV-infected mother).

<sup>11</sup> Other (Perinatal): Includes hemophilia, blood transfusion, and risk factor not reported (the latter account for great majority).

**Table 10: Cumulative diagnoses of HIV Infection and Stage 3 (AIDS) by Public Health District of residence at diagnosis, Georgia, as of December 31, 2015**

Public Health Districts	HIV Infection	Stage 3 (AIDS)
	Count	Count
1-1 Northwest (Rome)	1,098	651
1-2 North Georgia (Dalton)	762	438
2 North (Gainesville)	795	492
3-1 Cobb-Douglas	3,879	2,252
3-2 Fulton	23,393	16,438
3-3 Clayton (Jonesboro)	2,989	1,647
3-4 East Metro (Lawrenceville)	3,102	1,754
3-5 DeKalb	12,319	7,382
4 LaGrange	2,552	1,453
5-1 South Central (Dublin)	819	429
5-2 North Central (Macon)	3,088	1,856
6 East Central (Augusta)	3,369	2,197
7 West Central (Columbus)	2,579	1,528
8-1 South (Valdosta)	1,510	839
8-2 Southwest (Albany)	2,513	1,620
9-1 Coastal (Savannah)	3,974	2,529
9-2 Southeast (Waycross)	1,561	922
10 Northeast (Athens)	1,172	760
Unknown Health District	2,214	422
<b>Total</b>	<b>73,688</b>	<b>45,609</b>

## HIV/AIDS Resources:



Georgia Department of Public Health  
<http://dph.georgia.gov/what-hiv-and-aids>



Centers for Disease Control and Prevention  
<http://www.cdc.gov/hiv/>



AIDSVu  
<http://aidsvu.org/>

### Reporting

- All healthcare providers diagnosing and/or providing care to a patient with HIV are required by Georgia law (O.C.G.A. §31-12-1) to report HIV infection using the HIV/AIDS Case Report Form.
- Case report forms should be completed within seven (7) days of diagnosing a patient with HIV and/or AIDS or within seven (7) days of assuming care of an HIV positive patient who is new to the provider, regardless of whether the patient has previously received care elsewhere.
- **Adult and Pediatric case report forms are available at**  
<http://dph.georgia.gov/reporting-forms-data-requests>
- **For more questions on HIV case reporting in Georgia please contact the HIV Surveillance Coordinator at 1-800-827-9769**